

Attention Business Office

INMATE REQUEST SLIP

Name George Parker Quarters D-3-2B Date 7/19/06
AIS # 140922

() Telephone Call () Custody Change () Personal Problem
() Special Visit () Time Sheet (X) Other _____

Briefly Outline Your Request - Then Drop In Mail Box

I am Requesting For A Six
Month Pass PMOD and

The Court need this
Form to be Filled out
Also Attached

George Parker

Do Not Write Below This Line - For Reply Only

Approved

Denied

Pay Phone

Collect C

Request Directed To: (Check One)

() Warden

() Deputy Warden

() Captain

() Classification Supervisor

() Legal Officer
Public

Notary

() Record C

N176

RECEIVED

VIII. FOR PRISONER PLAINTIFFS/PETITIONERS ONLY:

A financial statement containing all transactions in your prisoner account for the six (6) months immediately preceding the filing of the Complaint must accompany this Motion. The financial statement must be in the form of a computer printout or bank ledger card prepared by the institution; a notarized financial statement that you prepare; or a financial statement prepared by an authorized officer of the institution. Failure to provide this financial statement information may result in the dismissal of this action.

The requirement to submit the financial statement addressed above does not negate your responsibility to ensure that the Certificate found below is also properly executed and filed.

I hereby authorize the agency having custody of me to collect from my prison account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2). I understand that even if I am allowed to proceed in forma pauperis or pay a partial filing fee and even if my case is later dismissed for any reason, I am obligated to pay to the Clerk of the Court the full amount of the filing fee (\$150.00 for a civil action, \$5.00 for a habeas corpus petition, or \$105.00 for an appeal).

7/19/06
DATE

George Parker #140922
SIGNATURE OF PLAINTIFF/PETITIONER

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0.04 on account to his/her credit at Staten C.F. (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 0.00. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 0.00. (Please attach a certified copy of the applicant's account statement showing transactions for the past six months.)

7/19/06
DATE

Felisha A. [Signature]
SIGNATURE OF AUTHORIZED OFFICER

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
STATON CORRECTIONAL FACILITY

AIS #: 140922

NAME: PARKER, GEORGE

AS OF: 07/19/2006

MONTH	# OF DAYS	AVG DAILY BALANCE	MONTHLY DEPOSITS
JUL	12	\$0.03	\$0.00
AUG	31	\$0.03	\$0.00
SEP	30	\$0.03	\$0.00
OCT	31	\$0.03	\$0.00
NOV	30	\$0.03	\$0.00
DEC	31	\$0.03	\$0.00
JAN	31	\$0.03	\$0.00
FEB	28	\$0.03	\$0.00
MAR	31	\$13.61	\$20.00
APR	30	\$2.03	\$0.00
MAY	31	\$2.03	\$0.00
JUN	30	\$6.35	\$30.00
JUL	19	\$0.04	\$0.00